

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	6/20
O.I.P.E. CLASSIFIER	AJ	71537	8/24/50
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

Best Available Copy

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/10/53
2	✓	✓	8/12/54
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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